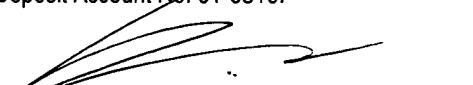


03-12-03

GP/1642
A-195CDDC

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: A-195CDD		
Serial No. 09/352,466	Filing Date July 13, 1999	Examiner Helms, L.		Group Art Unit 1642		
In Re Application of Broudy et al.						
For Monoclonal Antibodies to Stem Cell Factor Receptors						
TO THE ASSISTANT COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$110.00) <input checked="" type="checkbox"/> Two months of original due date (\$390.00) <input type="checkbox"/> Three months of original due date (\$890.00) <input type="checkbox"/> Four months of original due date (\$1,390.00) <input type="checkbox"/> Five months of original due date (\$1,890.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested:						
<input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input checked="" type="checkbox"/> The accompanying papers do not include amended claims; no additional fee is required.						
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$80	= .00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$270	= .00
Total Additional Fee for this Amendment					\$0.00	
<small>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</small>						
<input checked="" type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____						
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ <u>390.00</u> . A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
<u>Please Send Future Correspondence To:</u> US Patent Operations/ RBW Dept. 4300, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799						
 Robert B. Winter Attorney/Agent for Applicant(s) Registration No.: 34,458 Phone: (805) 447-2425 Date: March 10, 2003						

EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number: EL360692766US

Date of Deposit: March 10, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to B-CPA Assistant Commissioner for Patents, Washington, D.C. 20231

Lynne Buchsbaum
Printed Name

Lynne Buchsbaum
Signature